

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90316 001 ***811.25

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000042517

1. Entity Name
INFUSION CARE SPECIALISTS, INC.



Principal Place of Business Mailing Address
 2808 W MLK BLVD 2808 W MLK BLVD
 TAMPA, FL 33607 US TAMPA, FL 33607 US

2. Principal Place of Business 3. Mailing Address

State, Apt. #, etc. State, Apt. #, etc.

City & State City & State

Zip Country Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0416315** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FLYNN, MYRNA I
2808 W MARTIN LUTHER KING JR BLVD
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing office.)

FILE NO. 00000000000000000000
 DATE: MAY 02 2003
 STATE OF FLORIDA DEPARTMENT OF STATE

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be
 Added to Foot

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
PD FLYNN, MYRNA I 4929 LYFORD CAY RD. TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other law empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

04/30/03

Daytime Phone #

CR2E034 (10/02)